CUSTOMER RELATIONS DEPARTMENT NATIONAL BENEFITS CENTER

SRMT SEARCH REQUEST FORM

APPLICANT/PETITIONER BENEFICIAR			ICIARY	A # RECEIPT #		NATZ CERT # FORM TY		PE ZIP CODE	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME					CURRENT	PREVIO
John	Doe	Jane	Doe	A01234567	MSC0540012345	N/A	I-485	64014	6401

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